APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

described and claimed in the specification:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR FORMING PATTERN ONTO ARTICLE DURING INJECTION MOLDING THEREOF AND APPARATUS FOR THE SAME

| *a. attached hereto. | | 3/429,218 | |
|--|--|--|--|
| b. A filed on Apr. 25, 19 | 995 Application Serial No | and amended of | |
| | | | (if applicable) |
| I hereby state that I have revie the claims, as amended by any ame | | s of the above-identified | specification, including |
| I acknowledge the duty to dischapplication in accordance with Title the priority benefits of the following claimed: | 37, Code of Federal Regulation | ns, \$ 1.56(a). Under Ti | de 35, U.S. Code \$ 119. |
| Japanese Patent | Application No. 868 | 70/1994 filed o | n April 25, 1994 |
| The following applications for the United States of America either the above-named foreign priority a If there are no corresponding applica- | (a) more than one year prior to pplication(s): | n this invention were file this application, or (b) | d in countries foreign to before the filing date of |
| insert "NONE". | · | | |
| I hereby appoint the following as application and to transact all business | | ower of substitution and re | evocation to prosecute this |
| Roger W. Parkhurst (Reg. No. 25, | 177), Charles A. Wendel (Reg. No | . 24,453) and/or Marc A. R | lossi (Reg. No. 31,923) |
| ALL CORRESPONDENCE 1 | N CONVECTION MITTIE TO | | |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. | | IIS APPLICATION SE Llexandria, Virginia 223 | |
| PARKHURST, WENDEL & ROSSI | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United St | this Declaration, and that ion and belief are believed ints and the like so made | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge imprisonment or both, under Section jeopardize the validity of the application | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United Statement on or any patent issued thereon. | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and that these statements were made with knowledge imprisonment or both, under Section | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United St on or any patent issued thereon. Shinpei | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and that these statements were made with knowledge are true and that imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United Statement on or any patent issued thereon. | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name of Sole or First Inventor | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United St on or any patent issued thereon. Shinpei | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name of Sole or First Inventor Inventor's Signature | I, 1421 Prince Street, Suite 210, A wed and understand the contents of at all statements made on informati owledge that willful false stateme 1001 of Title 18 of the United St on or any patent issued thereon. Shinpei | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w | all statements made herein to be true; and further that are punishable by fine or |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name of Sole or First Inventor | wed and understand the contents of at all statements made on information or any patent issued thereon. Shinpei Given Name Middle Initial | this Declaration, and that ion and belief are believed into and the like so made ates Code and that such woono Family Name | all statements made herein to be true; and further that are punishable by fine or illful false statements may |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the these statements were made with knowledge are imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name of Sole or First Inventor Inventor's Signature Date of Signature | wed and understand the contents of at all statements made on information owledge that willful false stateme 1001 of Title 18 of the United Stron or any patent issued thereon. Shinpei Given Name Middle Initial | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w OONO Family Name | all statements made herein to be true; and further that are punishable by fine or illful false statements may |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the these statements were made with knowledge imprisonment or both, under Section jeopardize the validity of the application Typewritten Full Name of Sole or First Inventor Inventor's Signature Date of Signature | wed and understand the contents of at all statements made on information owledge that willful false stateme 1001 of Title 18 of the United Stron or any patent issued thereon. Shinpei Given Name Middle Initial | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w OONO Family Name | all statements made herein to be true; and further that are punishable by fine or illful false statements may |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the imprisonment or both, under Section jeopardize the validity of the application of Sole or First Inventor Inventor's Signature Date of Signature Residence Tokyo-To City Japan | wed and understand the contents of at all statements made on information of the united Statements of the United Statement | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such w OONO Family Name | 14, all statements made herein to be true; and further that are punishable by fine or illful false statements may 1995 Year Japan |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the these statements are true and the true and tr | wed and understand the contents of at all statements made on information of the united statements of the United Statement | this Declaration, and that ion and belief are believed into and belief are believed into and the like so made ates Code and that such work with the belief are believed into and the like so made ates Code and that such work with the belief are believed into an and the like so made ates Code and that such work with the belief and the belief are belief to be a second with the belief are belief and the belief are belief are belief and the belief are belief and the belief are belief are belief and the belief are belief are belief and the belief are belief are belief are belief and the belief are belief are belief are belief and the belief are | all statements made herein to be true; and further that are punishable by fine or illful false statements may 1995 Year Japan Country |
| PARKHURST, WENDEL & ROSSI Telephone: (703) 739-0220. I hereby declare that I have review of my own knowledge are true and the these statements were made with knowledge are true and the these statements were made with knowledge are true and the these statements were made with knowledge are true and the these statements were made with knowledge are true and the three statements were | wed and understand the contents of at all statements made on information owledge that willful false stateme 1001 of Title 18 of the United Stron or any patent issued thereon. Shinpei Given Name Middle Initial Shinpei July Month State or Province | this Declaration, and that ion and belief are believed ints and the like so made ates Code and that such work with the sound of the sou | all statements made herein to be true; and further that are punishable by fine or illful false statements may 1995 Year Japan Country |

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| 3 | Typewritten Full Name of | Ka | zushi | | MIYAZAWA | | | |
|------------|--|-----------------|---|----------------------------------|---|-------------------|--|--|
| • | Second Joint Inventor (if any) | Give | n Name | Middle Ini | tial Family Name | | | |
| | | | | | | | | |
| 4 | Inventor's Signature | - R | Kazu | shi | niyazawa | | | |
| •5 | Date of Signature | ~ | July | | 12 | 1995 | | |
| , | Date of Signature | | Month | | Day | Year | | |
| * 6 | ResidenceToky | 0-To | | | Japan | <u>.</u> | | |
| | City Japan | | State or Pro | vince | Country | | | |
| •7 | Citizenship Japan | c/ | .c/o Dai Nippon Printing Co., Ltd., 1-1, | | | | | |
| 8 | Post Office Address (Insert complete mailing address, including country) | Ic | Ichigaya-Kaga-Cho l-Chome, Shinjuku-Ku, Tokyo-To, Japan | | | | | |
| | | , | iji | | напамото | | | |
| 3 | Typewritten Full Name of Third Joint Inventor (if any) | | n Name | Middle Init | | · | | |
| | time some inventor (it any) | | | | | | | |
| •4 | Inventor's Signature | - E | blei | H | Hanamulo | | | |
| * 5 | Date of Signature | | July | 0 | 12 | 1995 | | |
| Ī | <u> </u> | | Month | | Day | Year | | |
| *6 | Residence Tokyo | -TQ | | | Japan | | | |
| | City | | State or Pr | rovince | Country | | | |
| •7 | Citizenship Japan | · · · · - · · · | 4. 5 | ••• | | 1 1 | | |
| 8 | Post Office Address | (° | /O Dal I | Kaga-Ch | rinting Co., Ltd., to 1-Chome, Shinjuku | 1-1, 1-Ku, | | |
| - | (Insert complete mailing | | Tokyo-To, Japan | | | | | |
| | address, including country) | (- | | | | | | |
| 3 | Typewritten Full Name of Fourth Joint Inventor (if any) | | akashi | | TARUTANI | | | |
| | | | Given Name Middle Initial | | nitial Family Name | | | |
| •4 | Inventor's Signature | | Take | nshi | Tarutani | | | |
| | | ~ <u>~</u> | Jul | v | 12 | 1995 | | |
| •5 | Date of Signature | - | Month | -1 | Day | Year | | |
| •6 | ResidenceToky | o-To | | | Japan | | | |
| Ī | City | • | State or I | Province | Country | | | |
| •7 | Citizenship Japan | | | | | | | |
| | | /- | c/o Dai | Nippon | Printing Co., Ltd. | , 1-1, | | |
| 8 | Post Office Address | 1 | | a-Kaga- o, Japa | Cho 1-Chome, Shinju | ku-ku, | | |
| | (Insert complete mailing address, including country) | \- | 1000-1 | O, Oapa | 11 | | | |
| 3 | Tomorphon Euli Name of | Tal | kashi | | MATANO | | | |
| د | Typewritten Full Name of Fifth Joint Inventor (if any) | | en Name | Middle It | | | | |
| | | | 71 | 11 | Matano- | | | |
| •4 | Inventor's Signature | Tuesday | JaKa | shi | Matam | | | |
| *5 | Date of Signature | 7 | Ju | ly | 12 | 1995 | | |
| , | | ~ · | Month | | Day | Year | | |
| •6 | Kesidelice | 70-T0 | | | Japan | | | |
| | Ci | ty | State of | Province | Country | | | |
| | | | | | | | | |
| •7 | Citizenship Japan | | - (- 5 | : Ni | Drinting Co Itd | 1-1. | | |
| | Cuzusiip | 1 | c/o Da: | i Nippor | Printing Co., Ltd. | , 1-1, iku-Ku, | | |
| •7 | Cuzusiip | { | Ichiga | i Nippor ya-Kaga- Co, Japa | -Cho l-Chome, Shinju | , 1-1, iku-Ku, | | |

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

^{*} Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing or line 5.

3 PAGE XOF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| 3 | Typewritten Full Name of | Kazuhisa | | KOBAYASHI | |
|--------|--|------------------------|----------------|-------------------------------------|---------|
| | Second Joint Inventor (if any) | Given Name | Middle Initial | Family Name . | |
| Į. | Inventor's Signature | > Kazuhis | a K | rboyash' | |
| 5 | Date of Signature | July | | 12 | 1995 |
| | Residence Tokyo- | | | Day Japan | Year |
| | City | State or Pro- | rince | Country | |
| | Citizenship Japan | o/o Doi N | inne Prin | | |
| | Post Office Address (Insert complete mailing address, including country) | | Kaga-Cho 1 | ting Co., Ltd., -Chome, Shinjuku | |
| | Typewritten Full Name of Third Joint Inventor (if any) | Hiroyuki Given Name | Middle Initial | ATAKE Family Name | |
| | Inventor's Signature | > Hiroyak | i Ata | • | |
| | Date of Signature | July | | 12 | 1995 |
| | | Month | | Day | Year |
| | Residence Tokyo- | | | Japan | |
| | Citizenship Japan | State or Pro | vince | Country | |
| | Typewritten Full Name of Fourth Joint Inventor (if any) | Given Name | Middle Initial | Family Name | |
| | Inventor's Signature | | | | |
| | Date of Signature | Month | | Day | Year |
| | Residence | | | · | |
| | City Citizenship | State or Pri | ovince | Country | |
| | Post Office Address (Insert complete mailing address, including country) | | | | |
| | Typewritten Full Name of Fifth Joint Inventor (if any) | Given Name | Middle Initial | Family Name | .—979 — |
| | Inventor's Signature | | | | |
| | Date of Signature | Month | | Day | |
| | | - Month | | DIY | V |
| | Residence | State or D | myince | | Year |
| 5 7 | ResidenceCity | State or Pr | rovince | Country | Year |

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.